

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a
separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: June 29, 2011

Case Number: 19-95

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr Christina Grant DVM

Premise Name: Vet MED

Premise Address: 20610 N Cave Creek Road

City: Phoenix State: AZ Zip Code: 85024

Telephone: 602 697 4694

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: PATRICIA CILMI

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: CHANEL CILMI
Breed/Species: YORKSHIRE TERRIER
Age: 11 Sex: FEMALE Color: TAN & BLUE

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

DR WELLS DVM 4015 E Cactus Road PX AZ 85032 (602 765 3700)

(602-4835090) DR NICHOLE HOOPER DVM (office visit only) 4022 E GREENWAY STE 7 PX AZ 85032 (602-485048)
DR YOUNG DVM (VISIT ONLY) 3129 E CACTUS RD PX AZ 85032 (602-485048)

DR CHRISTINA GRANT DVM

20610 N Cave Creek RD 85024 (602 697 4694)

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

LORI DALE

TANYA - [REDACTED]

JESUS ZAPATA [REDACTED]

SHARON SHENESKY [REDACTED]

JULIE CILMI [REDACTED]

DAINA BREST [REDACTED]

I could give you at least
30 MORE WITNESS who saw
her after she was
given this medication
and now she was left,
Then went to VET MED give
Sildenafil again and died!!

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: _____

Date: _____

6-24-2019

On about April 7th 2019 early morning
I was visiting my dear friend Julie's
dog Chanel (Mellie) Maily to see if
she was getting better....

Sadly I noticed quickly that her
her overall health had gotten worse

It was obvious to me her heart was
racing and pulsating a lot faster

than normal, Also she was looking
extremely unhealthy she would

not eat I could tell whatever
meds she was given... she was

not responding well to them and

was experiencing some devastating

side effects...

5-20-2019 Jesus Zapata

Stephanie Foote
medical Director
Stephanie.Foote@
vetmedaz.com

FROM TECH ON BACK
OF BUSINESS CARD

Please read letter
This is what I WAS
given when asking
To speak To MEDICAL
DIRECTOR. Her office
is behind front desk
ALL FOUR EMPLOYEES
HAD NO INFORMATION
ON her or where her
office WAS.

Raegan J. Wells, DVM, MS, DACVECC

Emergency and Critical Care Specialist
Medical Director



Phoenix Veterinary

REFERRAL & EMERGENCY

4015 East Cactus Road
Phoenix, AZ 85032

Phone: 602.765.3700
rwells@phoenixvrec.com
phoenixvrec.com

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VETMED
Leaders in extraordinary pet care

Christina Grant, DVM
Emergency Service

20810 N. Cave Creek Road
Phoenix AZ 85024

O: (602) 697-4694 • F: (602) 992-3755
christina@vetmedaz.com • vetmedaz.com



To whom it may concern,

On April 1st my yorkie was in the back yard on a pad by the fence. She fell over we picked her up and brought her inside. In a few days she was better we gave her Benadryl. We checked to see if there were scorpions as we live in the mountain preserve. We found one on her mat and killed them. Not sure if she had been stung.

On April 6th She fell forward on her front paws. Concerned called vet he was booked said to go to Phoenix Veterinary Referral and Emergency. Dr Wells came into the room and we mentioned that she may have been stung by a scorpion we had looked up side effects. She dismissed stating she suspected Syncope and underlying pulmonary hypertension. Without any testing she said she would give us an estimate for further testing. She then said she was going to give her medication and to give her Benadryl as she had allergies and was prescribed by another vet when needed. I told her do not give her any medication unless it was safe and was needed at this time as in the past my son was given medication which ended up taking his life.

Please be careful I don't want anything that can hurt her as I would rather wait for tests. She told me to give her the medication she was prescribing and also Benadryl at the same time. I asked for the time laps as you are giving her something new and what the effect on her would be, and I would not give her Benadryl at the same time. I was given the medication and told to give $\frac{1}{4}$ every 8 hours and start right away. We left went home and gave her what she instructed. For seven hours I held her in my arms as she

panted her heart raced and she throbbed in my arms. She was left with no life left in her. Her eyes had a negative look in them the next morning I called there I wanted to speak to Dr Wells as she was not in and I explained what happened due to the medication. I needed to hear from her as soon as possible. I was told to stop the medication immediately which I would not give her. I was told she would call me back I called 3 more times then called again on the 14th and told them I still have not heard from Dr. Wells and was not going to pay for medication. Called on the 17th that D Wells was on vacation. To date have never heard from her. In her summary quote you have declined these tests and requested empirical treatment with Sildenafil at this time which is not true I never requested any medication she suggested it not me. I did not decline tests. My dog was left that all she would do is pulse and a void look in her eyes. I investigated this medication through company that produce it online and testing. It is not approved by the FDA. It is Viagra. Not approved for use in animals and is not available from a veterinary pharmaceutical manufacture. It can cause sudden death. I have many people who loved and knew Chanel they are all witness to the results of this medication and are willing to come forward to give testimony. On 4/18/2019 I took Chanel to All Creatures Animal Hospital and spoke to Dr. Hooper DVM. I explained what happened to Chanel, and showed her the medication that Dr. Wells had given her, and the condition she was left in. She looked at the bottle Sildenafil and took the bottle and pushed it aside and said we are not even going to go there. She said Chanel had a

heart murmur of 3 and that it wasn't that bad. She gave me an estimate for 3 procedures she felt should be done.

Urinalysis, ultra sound Guided Cysto, exray setup to views Eval. I again explained the way you see her now is the results of Sildenafil she had a throbbing in her body and a blank look in her eyes. Told me when ready to come back we will do testing. See enclosed invoice. I then went to Companion Pet Clinic on the 23rd of April. Dr. said after I explained what happened to her from Sildenafil given to her by Dr. Wells. He said she had a heart murmur of 3 and that it wasn't that bad. He told me to take her up to VetMed you don't need an appointment.

I then went to VetMed on April 23rd Chanel was put in oxygen and I saw Dr Grant. I brought Sildenafil in and explained that her condition is the results of this medication given to her and I have done research. It was given by Dr Wells. There was a tech in the room at the time and Dr Grant said after I explained what happened to her by the medication. This is why she is in the condition she is in. Her response was well she needs more she didn't get enough of it. Without examining her I said under NO CONDITION ARE YOU TO GIVE MY DOG THIS MEDICATION DO WE UNDERSTAND EACH OTHER> YOU DO NOT HAVE MY PERMISSION. I have researched this medication its not even approved by FDA. Well she needs it she needs more of it. She and I my daughter and tech both were in room and my daughter said no and the tech made an expression on her face understanding where I was coming from, as I read body

language. We went around and around my daughter and I telling her no under no condition are you to give her this medication. Then she said she needs a lot of testing. And then I will make up a medication for her and include Sildenafil again. I told her no again, because I was told by Dr. Wells office to stop it immediately. I repeated it once more **YOU DO NOT HAVE MY APPROVAL TO GIVE HER THIS MEDICATION.** I lost a son due to the wrong medication and a husband to a wrong change in medication that killed him in 2 months. It would not ever happen again in my life time. She put her arm in the air turned her back and I said it again **DO NOT GIVE THAT MEDICATION TO MY DOG. DO YOU UNDERSTAND AND SHE LEFT THE ROOM.**

I told the tech please go and tell her to make sure that she understood Chanel is not to receive that medication. She came in after speaking to Dr Grant, I asked her did you make it clear to her she said yes and then she asked me if something should happen do you want her resuscitated I answered yes, but there shouldn't be any reason for that. She pulled out a small electronic pad with noting to read just a place for a signature. We went to see Chanel in the back. Stayed 5 minutes because they told us that's how long we could stay. At 8:00 pm we called to see how Chanel was doing we were told she is doing well call back at 8:30pm at 8:36 pm we received a call from a man who said Chanel just died. I asked what happened? Her heart stopped and fluids came out of her nose and she died. Do you want to view her. I said yes. We arrived and we were greeted by a woman who said that she was going to give us

credit for what was not done to Chanel. Chanel was brought in with gel in her eyes I have photos. A man came in and I asked him how did she die he said her heart stopped and fluids came out of her nose and she died. The person who was giving me credit asked if we wanted her cremated, I said yes. How would you like her remains there were two prices for her ashes. One for euthanization the other for just passing away. She asked the man that was standing there which one does she pay so I can charge her. He said euthanization. I asked him you said she just died. No I had to euthanize her it was the humane thing to do. Why did you euthanize her if she was already dead. They gave me the bill for what they used on her. Got home looked at the bill there it was Sildenafil 20mg tab quantity 0.50 18.56 was the price charged. Please see enclosed document # 2 of charges for what they used and did. Next day went to Vetmed asked for anything they did for Chanel need her paperwork and needed to speak to Dr Grant. I was told she will be with you. I waited for an hour and a half finally the tech that was in the room came out with Chanels papers and said Im sorry and gave me her papers. I said where is Dr Grant? She is not here I said do you know what killed my dog? No. I showed her the charges and here it is. Siildenafil 0.50 mg she gave it to her. Oh you two really had the go around about using it. I asked you to go in the back room to tell her NO ON THAT MEDICATION DO NOT USE IT. Did you tell her that yes I did . Now I know why you made me sign for resuscitation. She was covering for what she was going to do use the medication that I told her would kill her and it

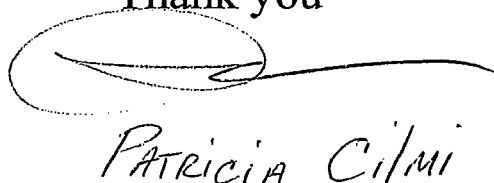
did. That drug causes sudden death. I asked when she would be back not for a week then I asked I needed to speak to medical director for Vetmed. 4 people 3 behind the desk and the tech were in the room and a witness heard everything. Who is the medical director? Does she have a card? No she doesn't have a card? Does she have a phone number? NO Where is her office? No one had answers the tech came over with Grants card and said I think you can reach her at Stephanie Foote I think there is an e at the end of her name. Medical director Stephanie. Foote @ Vetmed az.com. It was an email. Left went home tried sending 3 emails all no good. Called and asked to speak to Stephanie Foote I will put you right through. Spoke to Stephanie I asked her where she was she said Im at Vetmed this is my office. I explained everything to her and that Dr Grant gave my dog medication that I told her that she did not have my permission to give. She needed to investigate what happened and I want to hear from her. I also told her no one knows in your office how to spell your name what your telephone number or where your office is.

I will wait to hear from you. I was given the wrong email I guess they didn't want me to talk to you. Never heard from her or Dr Grant. May 27th my daughter and I went to Vetmed asked to speak to Dr Foote and asked if Dr Grant was in. Waited about a half hour Dr Grant came in and we went over same thing about medication and she did not have my permission and I have proof she gave it to her because I was billed for it. She insisted that we came to terms on letting her use it I told her bring tech in who went in back room and told her No and made me sign. Dr Foote

came in and she kept repeating that she gave the medication and do you know what it is? Yes its Viagra I investigated it Not approved by FDA. She kept insisting that I told her she could give it. Why would I tell her to give it to my dog after what happened to my dog and was told by first vet not to continue it. If you look it up shouldn't even be given to animals. It should be stopped immediately and not given again. I then asked her You're the doctor you told me you know this medication and if so if you have an effect from the beginning it tells you to stop. Can cause sudden death. The tech lied as well. I reminded her of her oath do no harm. If nothing else don't you ever give this to another innocent animal. And it shouldn't of never been given by Dr Wells and when you saw results how my dog was left and I came for help and you gave her more Shame on you. She let room and I was left with only Dr Foote who agreed that that medicine shouldn't of been given again because of reaction to it in first place. You need to investigate it because there are lies and cover ups. Dr Well and Dr Grant and Dr Foote. Please help me. As they are giving harmful medication knowing the results from beginning. I thank you for taking time to listen and to investigate what happens with this medication when used improperly. Thank you again I will await to hear from you. Before leaving I told Dr. Foote to investigate again and there needs to be compensation and Dr. Grants needs to be responsible for her actions and the death of my little dog. I recently sent an email to Dr. Foote on June 11th telling her it was Chanel's birthday and that the bill is due and there needs to be compensation for the wrong doing as she and I

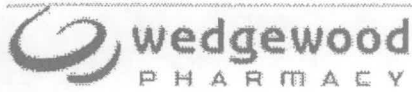
agreed that should of never been given Dr. Grant also agreed that I was charged for ashes for euthanization and not that she died the way I was told she died. There is a difference in price. She needs to respond to me. I have not heard from her since or Dr. Grant. Im sending you paperwork that was given to me showing the amount of tests and medications that were given to her that in there words left her with a severe heart murmur. How do you go from a 3 to severe because of there negligence. To much testing and wrong medication. Please read what they did to her carefully. Dr. Grand needs to be reprimanded for her actions. She should of never subjected her to what she did knowing what caused the problem from the beginning and insisted on her method and testing. You also need to look at the letter from Dr. Brian White. Dr. Brian White called me telling me Chanel died her heart stopped fluid came out of her nose and she died. There was no mention of CPR or me giving permission of euthanization. Until the charge for her ashes two different totals that's when Dr. White spoke up and said I euthanized her as the cost was 57.00 more. I said to him you said she just died on her own, her heart stopped and fluid came out of her nose and she was dead. He said he had to do the humane thing. Please check enclosed paper #3. At this point all I can tell you is my dog is dead due to malpractice, lies cover ups and greed. Shame on all of them. You need to investigate this and stop this immediately I will await hearing from you. Thank you for your time and your consideration.

Thank you

A handwritten signature in cursive script, reading "PATRICIA Cilmi". The signature is written in dark ink and is positioned below the typed name. There is a large, loopy flourish at the beginning of the signature, starting from the left and looping around the word "PATRICIA" before extending under "Cilmi".

PATRICIA Cilmi

Wedgewood Pharmacy and Diamondback Drugs



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Contents

[General Drug Information and Indications](#)

[How to Give this Medication](#)

[Side Effects](#)

[Precautions](#)

[Drug Interactions](#)

[Overdose](#)

[Storage](#)

[More Information About This Medication](#)

[Search for Available Dosage Forms](#)

General Drug Information and Indications

Sildenafil is a drug that is used in dogs and cats with heart and/or lung problems that cause increased blood pressure in the arteries of the lungs. This drug is approved for use in human medicine under the trade name of Viagra[®]. It is used for the treatment of pulmonary hypertension and erectile dysfunction in men.

Pulmonary hypertension refers to abnormally high blood pressure in the arteries of the lungs that forces the right side of the heart to work harder than normal. Sildenafil causes the smooth muscle surrounding small blood vessels in the lungs to relax, decreasing the work load on the heart. Although there are other similar drugs available on the human market, sildenafil has been the most studied in veterinary medicine.

Sildenafil has been shown to improve energy, exercise tolerance, and overall quality of life in animals with pulmonary hypertension. Research in humans shows that maximum relaxation of the small

blood vessels in the lungs occurs 60 minutes after oral administration of sildenafil. Like many other drugs in veterinary medicine, this drug is not FDA approved for use in animals and is not available from a veterinary pharmaceutical manufacturer. Instead, it is compounded by a specialty pharmacy.

How to Give this Medication

Give this medication to your pet exactly as your veterinarian prescribes. If you miss giving your pet a dose of sildenafil, give the next dose as soon as you remember or, if it is close to the next scheduled dose, return to the regular schedule. Do not double dose to catch up.

Wash your hands after giving your pet this medication.

Side Effects

Be sure to discuss any side effects with your veterinarian immediately.

Reported side effects in dogs: gastrointestinal upset and reddening or flushing of the skin.

Side effects in humans include headache, nasal congestion, difficulty breathing, prolonged erection and dizziness.

Precautions

Keep this and all drugs out of reach of children. This drug should only be given to the animal for which it was prescribed. Do not give this medication to a person.

Federal law restricts this drug to use by or on the order of a licensed veterinarian. Sildenafil should not be used in animals that are experiencing low blood pressure, shock, blood or fluid loss, or certain heart or lung problems that will not be improved by this drug.

Drug Interactions

Be sure to review with your veterinarian any medications or supplements your pet may be receiving.

Sildenafil should not be used with any drugs that may cause low blood pressure. These include drugs such as: nitrates, nitroprusside sodium, alpha-adrenergic blockers (phentolamine, phenoxybenzamine, phenothiazines), amlodipine, or any other hypotensive drugs.

The following drugs may interact with sildenafil: cimetidine, erythromycin, clarithromycin, ketoconazole, itraconazole, phenobarbital, and rifampin.

Overdose

If you suspect that your pet or another animal has been accidentally overdosed or has eaten this medication inadvertently, contact your veterinarian or the A.S.P.C.A.'s Animal Poison Control Center at 888.426.4435. Always have the prescription container with you when you take your pet for treatment.

If you or someone else has accidentally ingested this medication call the National Capital Poison Center at 800.222.1222.

Storage

Different strengths or dosage forms of sildenafil may have different storage requirements. Read the label or ask your pharmacist for the storage requirements of the prescription you receive.

About the Author



Dr. Barbara Forney is a veterinary practitioner in Chester County, Pennsylvania. She has a master's degree in animal science from the University of Delaware and graduated from the University of Pennsylvania School of Veterinary Medicine in 1982. She began to develop her interest in client education and medical writing in 1997. Recent publications include portions of The Pill Book Guide to Medication for Your Dog and Cat, and most recently Understanding Equine Medications published by the Bloodhorse.

Dr. Forney is an FEI veterinarian and an active member of the AAEP, AVMA, and AMWA.

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Please Note
I NEVER
SIGNED OR
ASKED FOR
MEDICATION
I ASKED FOR
ESTIMATE
FOR TEST.

To Whom It May Concern

My name is Tanya Monteith.

This letter is to let you know
that I had seen a Severe
Change in Pat and Julie's
dog Chanel after the vet
prescribed medication to
her. Chanel was ticking
and very lethargic and
just had a blank stare
This all took place in
April 2019

Sincerely

My phone #

~~Chanel~~

WITNESSES

Chanel

Lori Dale

Tue 6/4/2019 12:49 PM

To: Lori Dale

To Whom It May Concern:

I Lori Dale,

I am a close friend of Pat, Juli and Chanel Cilmi. I was saddened and stunned to hear about the passing of Chanel on April 23, 2019. Juli let me know just after it had happened. In prior Weeks Chanel had been ill, Pat and Juli had taken Chanel to Dr. Wells Veterinarian Office. They had told me they suspected she had been stung by a scorpion.

Pat and Juli along with Chanel come into my place of employment everyday so, I did see she was not feeling well. After she was taken to the to see Dr. Wells 4/8/2019, I noticed she was having a hard time breathing, almost gasping for each breath. Also, seemed she was in a daze, her eyes were as if there was nothing there. I was told she had been given a medication by the name of Sildenafil, which was apparent she had a negative reaction to.

Pat and Juli then took Chanel to see Dr. Grant Veterinarian, explained the reaction Chanel had when given the Sildenafil. Pat had told me and it was apparent that Chanel did not react in a positive way when administered this medication, so Dr. Grant was instructed NOT to administer this medication to Chanel. Dr. Grant, administered the medication anyway and Chanel passed soon after give a lethal dose which intern lead them euthanizing poor baby Chanel so her passing was humane if you can call this complete disregard for what they had instructed the Dr. to do..

received
7/10/19 VW

Arizona State Veterinary Medical Examining Board

1740 W. Adams St. STE 4600

Phoenix, AZ 85007

Re: Christina Grant, DVM 19-95

Chanel was presented to VetMED emergency on the evening of Tuesday April 23rd for further evaluation of labored breathing, lethargy and abdominal distention. The owners reported that Chanel was having some weakness and falling over issues that they felt was secondary to a possible scorpion envenomation. Chanel was initially evaluated by Dr. Raegan Wells at Phoenix Veterinary Referral and Emergency Center. Records were not available to me at that time but per the owners Dr. Wells discussed with them that she felt Chanel's symptoms were not related to a possible scorpion envenomation and she was concerned about syncopal episodes and underlying pulmonary hypertension. Chanel was prescribed Sildenafil and Benadryl and recommended further diagnostic work up for the suspected pulmonary hypertension which was declined at that time. Chanel was then presented to her primary care veterinarian for a second opinion where pulmonary hypertension and syncopal events were also a concern and further diagnostic testing was recommended and declined. When Chanel presented to VetMED the owner expressed that after starting the Sildenafil Chanel's heart was racing and she was panting and was lethargic and she felt the Sildenafil was the cause of Chanel's worsening decline. After discussing the history with the owner and patient's physical exam findings I expressed to the owner that I am was also concerned about syncopal events and underlying pulmonary hypertension. On physical examination I auscultated a grade III/VI heart murmur. The patient had appreciable abdominal distention with a palpable fluid wave and labored breathing with light pink mucus membranes. I recommended a full diagnostics work up to further evaluate the patient's heart, to include thoracic radiographs and a cardiopulmonary ultrasound. We also discussed further diagnostics test such as abdominal ultrasound, urinalysis and full screening lab work because if we did find that Chanel had pulmonary hypertension we would need to rule in or out the underlying causes for pulmonary hypertension such as protein losing nephropathy or hyperadrenocorticism. At that time I also discussed with her that I did not feel Chanel's clinical condition was secondary to a scorpion sting or secondary to the administration of Sildenafil and that in fact, if Chanel did have pulmonary hypertension then it was a medication that would be necessary for treatment. The owner approved the initial diagnostics. After I had gathered all the diagnostics results I went over them thoroughly with the owner. I discussed that not only did Chanel have severe pulmonary hypertension but that she may also have been having thromboembolic episodes based on her condition and thoracic radiographs with moderate to severe cardiomegaly. On abdominal ultrasound we confirmed free fluid in the abdomen and hepatomegaly, hepatic congestion, consistent with suspected right sided heart disease and evidence of left renal changes (renal pyelectasia). On lab work there was evidence of a severely elevated BUN and mildly elevated phosphorus which would be consistent with severe dehydration, gastrointestinal bleed, infection or renal failure. I discussed that renal disease and heart disease are a bad combination as you need to treat one with intravenous fluids but have to be careful as intravenous fluids can worsen underlying cardiac disease but at this time she needs fluid volume due her azotemia and the cardiologist concern that she is volume contracted (lacking appropriate hydration as I explained to her). I discussed further that this is a very grave prognosis and that Chanel was at risk for sudden death. I also mentioned humane euthanasia but the owner stated that was not an option. I recommended hospitalization and

supportive care for treatment of underlying renal disease, heart failure and severe pulmonary hypertension. When I recommended that the patient be hospitalized the owner's initial response was that she didn't bring the dog here to be hospitalized, she just wanted pills. I stated to her that this is not a condition in where I could just send her dog home on medications and she will be okay and if that is what she wanted it would be against medical advice. The owner then stated she didn't understand why I wanted to hospitalize the dog and that this is all being caused by the sildenafil. I again went over all the diagnostics results and that Chanel needed the Sildenafil and in fact needed an even higher dose than what she was given to treat the severity of her pulmonary hypertension. I asked the owner if she would like an estimate of cost for treatment and owner said yes. I had my technician go over a cost estimate which at that time the owner had additional questions. When I went to talk to her again she expressed her concern that the Sildenafil was the cause of the Chanel's illness. I had a lengthy conversation with the owner again about how the Sildenafil does not cause pulmonary hypertension, azotemia or right sided heart disease and that this is not from a scorpion sting. I explain to her that Chanel really needs to be continued on the sildenafil and needs a higher dose. After our conversation I felt the owner had a better understanding of the reason Chanel needed to stay on the Sildenafil and that would be part of her treatment plan while in hospital. I again reiterated that Chanel was at risk for sudden death whether we continue administration of the sildenafil or not. The owner then approved that estimate and Chanel was hospitalized. I had no further interaction with the owners after that point. After I admitted her to the hospital, she was then transferred to the care of the overnight doctor and unfortunately passed overnight.

In response to the owner's letter;

Statement: "Without examining her I said under no condition are you to give my dog this medication do we understand each other, you do not have my permission".

I had already examined the patient at that point and we had not done any diagnostics yet to confirm her condition. I did not state that we were going to give the patient the medication at that time, I simply stated that if she in fact did have pulmonary hypertension then she would most likely need to stay on the medication. She did not talk of any research she had done until after the fact when she came in to discuss Chanel's passing weeks later. She did not say I did not have her permission to give the medication as I had not even confirmed that the patient needed to stay on it at that point. My technician was never in the room with me at the same time as my conversations with the owner.

Statement: "I lost a son due to the wrong medication that him in 2 months. It would not ever happen again in my life time. She put her arm in the air turned her back and I said it again do not given that medication to my dog. Do you understand and she left the room".

The owner did express her concern about a previous family incident with her son and a medication which I tried to not go into detail about and tried to keep her focused on Chanel's condition. I do not remember if this was before or after we had confirmed the diagnoses of pulmonary hypertension but I explained to the owner that Sildenafil is the only medication to treat pulmonary hypertension. Again the owner never stated to me that I did not have permission to give it. Again she only continued to express her concern that the Sildenafil was the cause of Chanel's decline after I

explained to her multiple times that Chanel had several life threatening diseases which were not caused by the Sildenafil. I never threw my arm in the air.

Statement: "Next day went to VetMED asked for anything they did for Chanel need her paperwork and needed to speak to Dr. Grant. I was told she will be with you. I waited for an hour and a half and finally the tech that was in the room came out with Chanel's papers and said I'm sorry and gave me her papers. I said where is Dr. Grant? She is not here I said do you know what killed my dog"

I was not in the office, I was out of town the following day , on a day that I am usually at work so most likely the technician or receptionist did not realize that I was not in that day.

Statement: "I asked you to go in the back room and tell her no on that medication do not use it. Did you tell her that yes I did".

That information was never relayed to me.

Statement: "Now I know why you made me sign for resuscitation. She was covering for what she was going to do use the medication that I told her would kill her and it did."

All owners sign a CPR/DNR status for all patients, regardless of their health status. It is not to cover up anything and to suggest that is unfounded. It is standard policy.

Statement: "I have not heard from Dr. Grant since"

Chanel's owner never contacted me directly after Chanel's passing. On May 28th she showed up at the clinic demanding to speak with me. I discussed with her at length that she never directly told me that I did not have permission to administer the Sildenafil to Chanel. That after our lengthy conversation about her condition and diagnosis why it was imperative that she stay on the medication and I felt she had finally understood the treatment plan when I left the room. She continued to insist the Sildenafil was the cause of Chanel's death and ignored everything I went over regarding Chanel's overall health and risk for sudden death whether the sildenafil was administered or not. Chanel's owner continue to dismiss the reality of her condition and wanted to continue to blame the Sildenafil which was never initially prescribed by myself but which was also recommended by a board certified criticalist and board certified cardiologist. The owner proceeded to threaten that she knew people and "you don't know what I can do", said I was a liar, had bad karma and had "nothing more to say to me". At that point I felt personally threatened and excused myself from the conversation and left my hospital administrator to continue to deal with the situation.

I cannot attest to the owner's accounts involving Dr. Wells, Dr. Hooper, the doctor (who is not mentioned by name in the letter) at Companion Pet Clinic or Dr. White.

Christina M. Grant, DVM



VetMED Emergency Services

20610 N. Cave Creek Rd

Phoenix, AZ 85024

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Christine Butkiewicz, DVM
William Hamilton
Brian Sidaway, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Victoria Whitmore - Executive Director
Mary Williams – Assistant Attorney General

RE: Case: 19-95
Complainant(s): Patricia Cilmi
Respondent(s): Christina Grant, DVM (License: 4798)

SUMMARY:

Complaint Received at Board Office: 6/25/19
Committee Discussion: 9/10/19
Board IIR: 10/16/19

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On April 6, 2019, "Chanel," an 11-year-old female Yorkshire Terrier was presented to Phoenix Veterinary Referral & Emergency after the dog collapsed. The dog was examined and diagnostics were recommended; Complainant declined. Dr. Wells suspected syncope and underlying pulmonary hypertension and discharged the dog with sildenafil.

Complainant believed the medication made the dog worse after one administration; she contacted Dr. Wells' premise and was advised to stop the medication.

On April 18, 2019, the dog was presented to All Creatures Animal Hospital for a second opinion. The dog was still panting and having fainting episodes. Dr. Hooper recommended diagnostics and referral to a cardiologist; Complainant declined all recommendations.

On April 23, 2019, the dog was presented to Companion Pet Clinic for evaluation. After exam, Dr. Young recommended diagnostics or referral to a cardiologist. Complainant elected to take the referral and go to VETMED.

Later that day, the dog was presented to VETMED. Complainant advised Dr. Grant that the dog's condition was worse and believed it was due to the sildenafil. Dr. Grant performed

diagnostics which revealed the dog had pulmonary hypertension as well as other concerning conditions, none of which were related to the sildenafil administration. The dog was hospitalized but was euthanized the following day due to her heart failure.

**Complainant was noticed and appeared. Witness, Julie Cimlil, appeared.
Respondent was noticed and appeared with Counsel, David Stoll.**

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Patricia Cimlil*
- Respondent(s) narrative/medical record: *Christina Grant, DVM*
- Consulting Veterinarian(s) narrative/medical records: *PVR&E; All Creatures Animal Hospital; and Companion Pet Hospital.*

PROPOSED 'FINDINGS of FACT':

1. On April 1, 2019, according to Complainant, the dog fell over in the back yard. The area was checked for scorpions – one was found but Complainant was unsure if the dog had been stung.
2. On April 6, 2019, the dog fell again therefore Complainant contacted her primary DVM. Since they were unable to be seen by the primary DVM, the dog was presented to Dr. Wells on emergency. The dog was triaged and deemed stable until Dr. Wells was able to see the dog.
3. Once in the exam room with Dr. Wells, Complainant reported that the dog had been coughing for several years and was worse around allergy season. The dog had two episodes of falling over. Complainant had been giving the dog Children's Benadryl as needed. Upon exam, the dog had a weight = 4.2 kg, a temperature = 99.6 degrees, a heart rate = 158rpm and a respiration rate = 60rpm; blood pressure = 220mmHg. It was documented that the dog was cyanotic however, Dr. Wells stated in her narrative that the entry was not correct. Dr. Wells noted a sinus arrhythmia, grade IV/VI right basilar murmur, grade III/VI left apical systolic murmur with decent quality femoral pulses. The dog had a distended abdomen but no obvious pain or fluid wave.
4. Dr. Wells diagnosis was syncope due to chronic pulmonary hypertension; she could not rule out concurrent degenerative mitral valve disease/left sided congestive heart failure or a combination thereof. Dr. Wells recommended laboratory evaluation, radiographs and an aFAST – Complainant declined any and all recommendations. According to Dr. Wells, Complainant begged her to give the dog medication that would help. Dr. Wells stated she could start the dog on sildenafil which is used to dilate blood vessels in the lungs and is safe to use empirically. However, Complainant would need to follow up with her primary DVM and/or a cardiologist. She discussed syncope as the most likely explanation for the dog's symptoms and that sildenafil may help decrease pulmonary pressures and therefore decrease the dog's risk of future syncopal events since Complainant was declining further testing or treatment. The dog was discharged with Sildenafil 20mg, 23 tablets; give ¼ tablet by mouth every 8 hours until otherwise instructed. Complainant was to continue the previously prescribed OTC Benadryl.
5. According to Complainant, after arriving home, the dog was administered ¼ tablet of sildenafil right away as instructed. Complainant held the dog for seven hours in her arms as the

dog panted, heart raced and throbbed. She further stated the dog had no life left in her and her eyes had a negative look to them the next morning. Complainant called the premise to speak with Dr. Wells – she explained the dog's condition after taking the medication to staff and was instructed to discontinue the medication. Complainant stated she called numerous times and never received a call back from Dr. Wells. She states she called the premise on 4/14/19 to relay that she still had not heard from Dr. Wells and was not going to pay for the medication. Complainant also stated that she called again on 4/17/19. She never received a call from Dr. Wells.

6. On April 11, 2019, Dr. Wells' medical records show that Complainant called requesting a refund as she felt the wrong medication was prescribed. Dr. Wells approved the refund.

7. On April 17, 2019 (not sure if this date is correct – could it be the 7th?), Complainant called Dr. Wells' premise again stating that everyone she spoke with said the dog was given the wrong medication for a suspected issue. When asked if the dog was taken to her primary DVM, Complainant stated that she had not taken the dog anywhere as she does not want to cause any more issues by giving the dog something else. Complainant was advised that diagnostics were recommended to be performed either by Dr. Wells or by the primary DVM as there was not a definitive diagnosis yet. Complainant did not understand why there was not a diagnosis as she never declined anything and was convinced the one dose of sildenafil caused lasting effects on the dog. Complainant was fine if Dr. Wells could not contact her, the appropriate party would be notified and consider the request for refund of the medication.

8. Later that day, messages were left on both phone numbers provided in the medical record for Complainant to call back.

9. On April 18, 2019, the dog was presented to Dr. Hooper at All Creatures Animal Clinic for a second opinion. Complainant reported the dog had been having fainting episodes and had been prescribed sildenafil by an emergency facility. Complainant advised that the dog had been doing much better since that visit but was still panting a lot and exhibiting intermittent fainting episodes.

10. Dr. Hooper examined the dog and noted a grade III – IV/VI left systolic murmur; increased to harsh bilateral lung sounds; mildly increased respiratory effort with a noted expiratory push. The dog's abdomen was pendulous, distended and difficult to palpate. Dr. Hooper went over her findings with Complainant and expressed concerns that the dog's collapse episodes were possibly syncopal in nature. She explained to Complainant that to establish a definitive diagnosis and to treat the dog appropriately, they would need to pursue diagnostics including lab work, radiographs and referral to a veterinary cardiologist. Complainant declined any and all diagnostics and was discharged.

11. On April 23, 2019, the dog was presented to Dr. Young at Companion Pet Clinic for evaluation. Complainant stated that she was upset with the treatment provided by Dr. Wells and suspected medication caused the dog additional suffering. The dog was examined; Dr. Young found a grade IV/VI left sided heart murmur; mildly increased bilateral bronchovesicular sounds, and abdominal distension. He recommended blood work, radiographs, and echocardiogram and a referral to a cardiologist. Complainant elected to take the dog to VETMED for evaluation.

12. Later that day, the dog was presented to Dr. Grant at VETMED for further evaluation of labored breathing, lethargy and abdominal distention. According to Dr. Grant, Complainant told her that after starting the sildenafil the dog's heart was racing and she was panting and lethargic; Complainant felt the sildenafil was the cause of the dog's worsening decline.

13. Upon exam, the dog had a weight = 4.4 kgs, a temperature = 101.2 degrees, a pulse rate = 140bpm and a respiration rate = 50rpm; QAR. Heart auscultation revealed grade III – IV/VI heart murmur with weak synchronous femoral pulses. There were bilateral increased bronchovesicular sounds, mild tachypnea with mild increase in respiratory effort. The dog's abdomen was distended with a palpable fluid wave. Dr. Grant recommended diagnostics to further evaluate the dog's heart, including thoracic radiographs and a cardiopulmonary ultrasound as well as an abdominal ultrasound and lab work. She also stated that she did not feel the dog's clinical condition was secondary to a scorpion sting or to the administration of sildenafil and that, if the dog did have pulmonary hypertension, sildenafil would be necessary for treatment. Complainant approved the initial diagnostics.

14. The dog was taken into the treatment area; an IV catheter was placed and furosemide 10mg was administered IV prior to running diagnostics, and the dog was placed in oxygen. After diagnostics, Dr. Grant discussed the findings with Complainant – she advised that the dog had severe pulmonary hypertension and may also have been having thromboembolic episodes based on her condition and thoracic radiographs with moderate to severe cardiomegaly. On abdominal ultrasound revealed free fluid in the abdomen and hepatomegaly, hepatic congestion, consistent with suspected right sided heart disease and evidence of left renal changes. Blood work showed a severely elevated BUN and mildly elevated phosphorus which was consistent with severe dehydration, gastrointestinal bleed, infection or renal failure. Dr. Grant explained that heart disease and renal disease are a bad combination as one needs to be treated with IV fluids but IV fluids can worsen underlying cardiac disease. At that time the dog needed fluid volume due to her azotemia and the cardiologist was concerned that the dog was volume contracted.

15. Dr. Grant advised Complainant that the dog had a grave prognosis and the dog was at risk for sudden death. She also gave the option of humane euthanasia, Complainant declined. Dr. Grant recommended hospitalization for supportive care and treatment of underlying renal disease, heart failure and severe pulmonary hypertension. Complainant was resistant and stated she just wanted pills. Dr. Grant relayed that the dog's condition was not something she could just send home on medications and if Complainant wanted to do that, it would be against medical advice. According to Dr. Grant, Complainant could not understand why she wanted to hospitalize the dog and that her condition was due to the sildenafil. Dr. Grant went over the diagnostic results again and explained that the dog needed the sildenafil, and at even a higher dose than what she was initially prescribed.

16. As estimate was provided to Complainant and technical staff went over the costs; Complainant had additional questions, therefore Dr. Grant spoke with her again. Complainant again expressed concern that the sildenafil was the cause of the dog's illness. Dr. Grant went over again how the drug does not cause pulmonary hypertension, azotemia or right sided heart disease and it was not from a scorpion sting. The dog needed the sildenafil and at a higher

dose. Dr. Grant felt Complainant understood the reason the dog needed to stay on the sildenafil and that would be a part of the dog's treatment plan while in the hospital. She further reminded Complainant that the dog was at risk for sudden death whether they continue the administration of sildenafil or not. Complainant approved the treatment plan for hospitalization.

17. According to Complainant, she told Dr. Grant that she did not want the dog to have sildenafil and did not give her permission to administer the medication.

18. The dog was hospitalized on a treatment plan that included sildenafil as well as IV fluids, pimobendan, Cerenia, pantoprazole, clopidogrel and oxygen. Dr. Grant left the premise and the dog's care was transferred to the overnight doctor.

19. At 8:00pm, according to Complainant, she called to check on the dog and was told she was doing well.

20. At 8:36pm, Complainant reported that a man called and stated that the dog died; the dog's heart stopped, fluid came out of her nose and she died.

21. According to the medical record communication (dated 4/24/19), Dr. White called Complainant to advise the dog collapsed in the oxygen cage. A heart beat was not ausculted and fluid started pouring out of the dog's nose. The dog was brought into the treatment room and CPR was initiated. Complainant was told that the dog likely went into congestive heart failure and possibly thromboembolic event. Dr. White explained that CPR was unlikely to be effective and recommended humane euthanasia to end suffering. Complainant agreed to euthanasia to relieve the dog's suffering and will come down to visit the body and discuss cremation options.

22. The euthanasia procedure including amount and route was not documented in the medical record. Dr. Grant not responsible for this missing entry.

23. After the dog passed, Complainant spoke with Dr. Foote, the responsible veterinarian for the premise, regarding her concerns with the sildenafil administration. She also spoke with Dr. Grant as well; Complainant relayed that she did not give approval for the medication to be administered to the dog. Complainant also commented that she was told the dog had passed away and she did not approve the dog to be euthanized.

COMMITTEE DISCUSSION:

The Committee discussed that it is very common for veterinarians to use off-label medications and it is important to know that side effects seen in humans is not referable to what would be seen in animals. The Committee did not have an issue with the off-label use of sildenafil.

The Committee further discussed that with heart disease in dogs it is often subclinical until it is not and then things can progress very quickly. It was evident in this case that between April 1st and the end of April, the dog declined rapidly. Dr. Wells came up with the dog's diagnosis without performing diagnostics and chose the appropriate medication to treat the dog. Sildenafil is becoming more commonly used and does not have side effects. The dog's clinical signs were

due to the dog's condition progressing and not from the medication.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

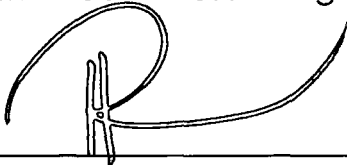
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'Tracy A. Riendeau', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division